

PART B - FEE(S) TRANSMITTAL

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490 7590 01/17/2006  
VIDAS, ARRETT & STEINKRAUS, P.A.  
6109 BLUE CIRCLE DRIVE  
SUITE 2000  
MINNETONKA, MN 55343-9185

Certificate of Mailing or Transmission  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Elizabeth A. Deutsch (Depositor's name)  
*Elizabeth A. Deutsch* (Signature)  
April 11, 2006 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/055,743      | 01/23/2002  | Paul Miller          | S63.2-9964          | 7373             |

TITLE OF INVENTION: MEDICAL DEVICES COMPRISING A MULTILAYER CONSTRUCTION

| APPLN. TYPE        | SMALL ENTITY | ISSUE FEE      | PUBLICATION FEE | DATE DUE   |
|--------------------|--------------|----------------|-----------------|------------|
| nonprovisional     | NO           | \$1400         | \$300           | 04/17/2006 |
| EXAMINER           | ART UNIT     | CLASS-SUBCLASS |                 |            |
| MIGGINS, MICHAEL C | 1772         | 428-036900     |                 |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  
1. VIDAS, ARRETT &  
2. STEINKRAUS P.A.  
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston Scientific Scimed, Inc. Maple Grove, MN 55311

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Lisa Ryan-Lindquist*  
Typed or printed name Lisa Ryan-Lindquist

Date April 11, 2006  
Registration No. 43,071

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Miller et al.  
Application No.: 10/055,743  
Filed: January 23, 2002  
For: MEDICAL DEVICES COMPRISING A MULTILAYER  
CONSTRUCTION  
Examiner: Michael C. Miggins  
Group Art Unit: 1772

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Docket No.: S63.2-9964-US01

FACSIMILE TRANSMITTAL LETTER

TO: Michael C. Miggins  
FACSIMILE NO.: 571-273-2885  
GROUP ART UNIT: 1772

DATE: April 11, 2006  
TIME: 9:30am

TOTAL NUMBER OF PAGES (including cover letter): 4

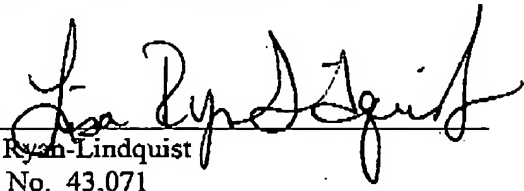
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communication, please treat this as such a petition.

Respectfully Submitted,

VIDAS, ARRETT & STEINKRAUS, P.A.

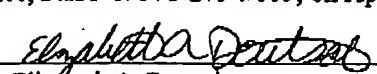
Date: April 11, 2006

By:   
Lisa Ryan-Lindquist  
Reg. No. 43,071

6109 Blue Circle Drive, Suite 2000  
Minnetonka, MN 55343-9185  
Telephone: (952) 563-3000  
Facsimile: (952) 563-3001

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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and  
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Elizabeth A. Deutsch